

# ABERDEEN FIRE DEPT. PATIENT CARE REPORT

700 W. MARKET STREET • ABERDEEN, WA 98520

Dept. 14M01 Date 8/17/08

53109

Patient Name Last STRAITON First DONALD MI (M) F Age 19 Birthdate 7/30/89

Patient Address 191 CONSTANTINE WY City K Aberdeen State WA Zip 98520

S.S.#                      Insurance                      MEDICARE                      MEDICAID                      PRIVATE INS.                      Phone #                     

Incident Location (if different than above)                      Responsible Party                     

9-1-1 # AC2939 Dispatched 2107 Responding                      On Scene                      Transporting                      At Facility                      Clear                      Shift 1

Unit # 7242 Crew #1 KNOX Crew #2 COUT Crew #3 GOLDING Unit #                      Crew #1                      Crew #2                      Crew #3                     

Allergies: KNKDA Medications: 20 LOFT (list / meds given to receiving nurse)

Medical Hx:                      HTN                      IDDM                      NIDDM                      MI                      Angina                       
                     CHF                      COPD                      Asthma                      CVA                      Sz.                      GI Ulcers                       
                     Hepatitis                      TB                      Other ADHD

Chief Complaint: (Historian:                      Patient                      Family                      By-stander                      Nurse                      Doctor                      Other                     )

DRO → ASSAULT INJURY. ONICENE → 19410 ♂ C/C of  
 Being ASSAULTED BY ONE GUY WHO HIT PT IN SOX AND  
 ABOUT (2) KICKS → ALL TO HIS HEAD, & LOL PT DOES NOT  
 REMEMBER THE WHOLE EVENT → ON INFO PER SCLL STAFF  
 WHO WATCHED THE VIDEO, PT'S HEAD HURTS & SOME  
 ASSOCIATED NAUSEA DROPS NECK/BACK OF HEAD, OTHER  
 PAIN/DISCOMFORT; (X) Returner's NOTED E PAIR

## PHYSICAL EXAM

Time	BP	PULSE	RESP.	SaO <sub>2</sub>	BSL
2135	117/74	78	14	-	95
2155	113/59	83	14	-	-

Distress:                      no acute                      moderate                      severe Pain:                      /10

**HEENT**  
                     tongue midline                      scleral icterus / pale conjunctivae  
                     PERRLA

**NECK**  
                     JVD  
                     nml. inspection

**RESPIRATORY**  
                     wheezes  
                     no resp. distress                      rales  
                     breath sounds nml.                      rhonchi  
                     chest non-tender                      no breath sounds

**CVS**  
                     irregularly irregular rhythm  
                     regular rate, rhythm                      extrasystoles (occ. / frequent)  
                     tachycardia / bradycardia

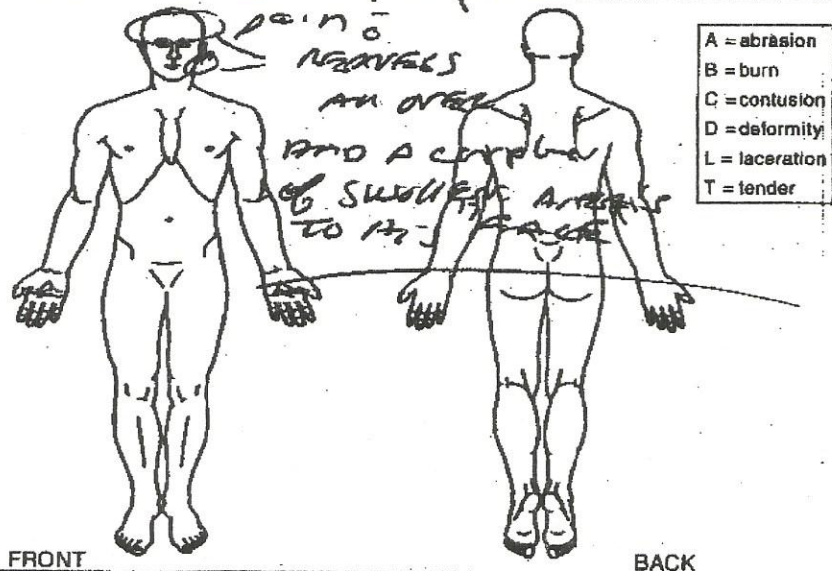
**ABDOMEN**  
                     tenderness  
                     non-tender                      guarding  
                     rebound

**BACK**  
                     nml. inspection                      CVA tenderness (R / L)

**SKIN**  
                     color nml.                      cyanosis / diaphoresis / pallor  
                     warm, dry

**EXTREMITIES**  
                     pedal edema  
                     full ROM                      capillary refill > 2 sec.  
                     no pedal edema

**NEURO/PSYCH**  
                     disoriented to: person / place / time  
                     GCS                      depressed affect  
                     oriented x3                      facial droop (R / L)  
                     mood/affect nml.                      weakness / sensory loss  
                     no motor/sensory deficit



**IMPRESSIONS:** CLOSED HEAD INJURY

**PLAN:**                      O<sub>2</sub> (NC / NRB / ET                      mm oral / nasal)                      L/min.  
                     EKG (                      12 lead )                      CPR  
                     IV                      gauge. Site AC forearm / hand / other                      (                      R )  
                     NaCl lock                      NaCl drip (TKO / FC                      ml)                      blood draw                      Dexi stick  
                     C collar                      LB                      XHID                      Extricate  
                     Bandage                      Splint                      Control bleed                      MAST  
                     Med. Admin. (see reverse side)

Trans:                      With straps X3                      Not necessary                      POV                      Leave in care of family / friend

**I Refuse Ambulance Transport Against Medical Advice.** Pt given copy of NPP                     

Signature:                      Initials:                     

Signature:                      First Resp. / EMT / PMP

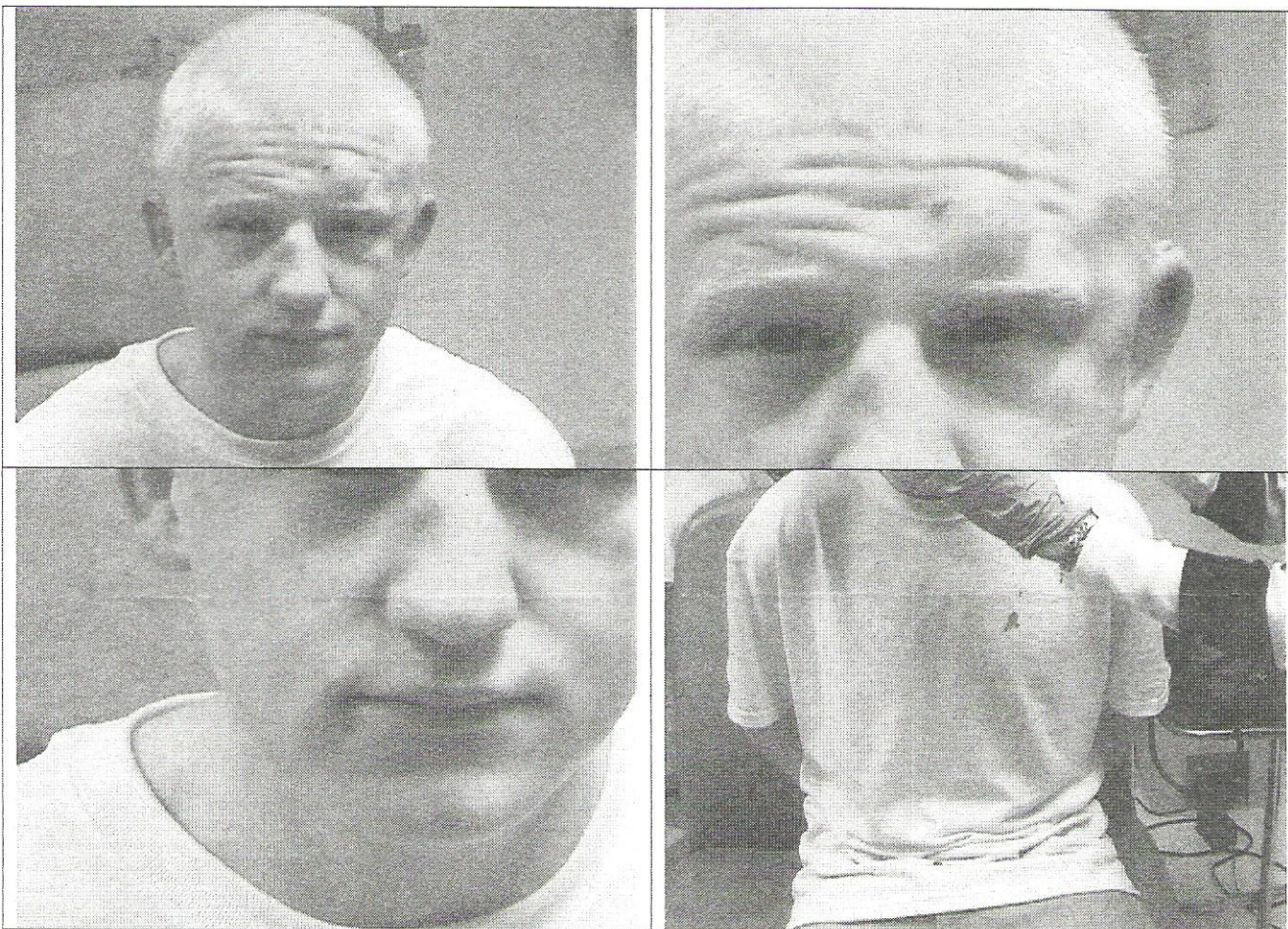




STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
OFFICE OF CORRECTIONAL OPERATIONS  
191 Constantine Way, MS WA-39 - Aberdeen, Washington 98520  
(360) 537-1800  
FAX: (360) 537-1807

**DIGITAL PHOTOS - EVIDENCE**

INCIDENT <b>Under Investigation</b>	LOCATION OF INCIDENT <b>H2 B Pod</b>	DATE & TIME OF INCIDENT <b>08/17/08 2006</b>	
DATE OF PHOTO(S) <b>08/17/08</b>	LOCATION PHOTO(S)S TAKEN <b>Lower Medical</b>	PHOTO(S) TAKEN BY <b>C/O 2 Strandberg</b>	
SUSPECT(S) <b>Stratton, Donald</b>	SUSPECT(S) DOC # <b>313710</b>	SUSPECT(S) <b></b>	SUSPECT(S) DOC # <b></b>



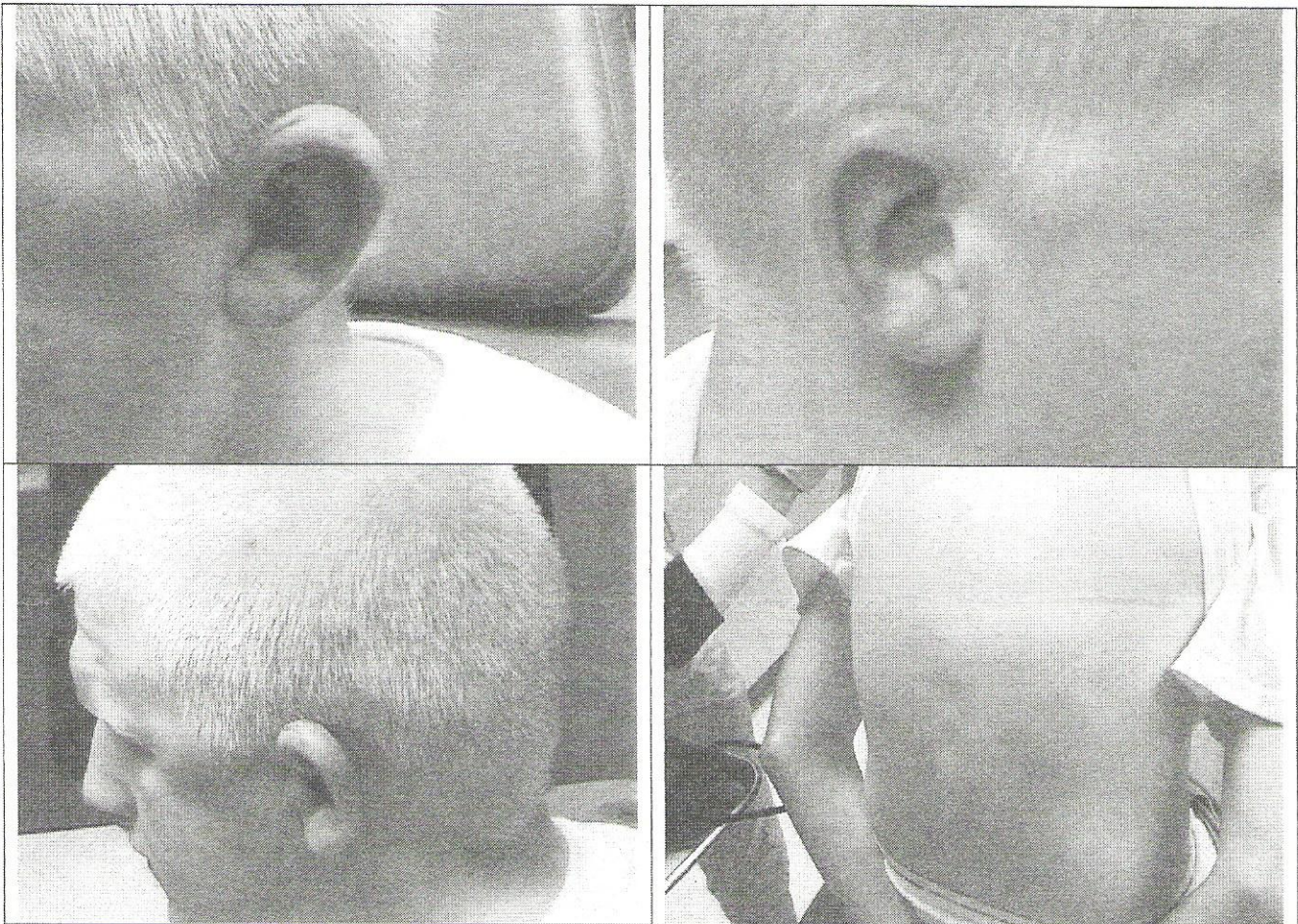




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